

# **DIVORCE, LEGAL SEPARATION, ANNULMENT WITHOUT MINOR CHILDREN**

# **1**

## **Temporary Orders**

**Part 1: Completing and Filing  
the Court Papers  
(Forms Packet)**

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April 19, 2002  
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DRTMA1fc - 5028



**SELF SERVICE CENTER**

**TEMPORARY ORDERS IN DIVORCE, LEGAL SEPARATION,  
ANNULMENT CASES WITHOUT CHILDREN**

**PETITION AND FILING COURT PAPERS**

**How to assemble these documents**

This packet contains court forms for temporary orders in a divorce, legal separation, or annulment case without children. Be sure the documents are in the following order:

Order	File Number	Title	No. Pp.
1	DRTMA1ft	Table of forms in this packet	1
2	DRTMA1k	Checklist to file	1
3	DRTMA11f	<i><b>"Petition for Temporary Orders"</b></i>	3
4	DROSC14f	<i><b>"Family Court Department Notice for Notice of Returns/Conferences"</b></i>	1
5	DROSC11f	<i><b>"Family Court Department Notice About Temporary Orders"</b></i>	1
6	DROSC13f	<i><b>"Affidavit of Financial Information"</b></i>	12
7	DRT12f	<i><b>"Order to Appear"</b></i>	1
8	DRTMA82f	<i><b>"Temporary Orders"</b></i>	2
9	DRS89f	<i><b>"Judgment Data Sheet"</b></i>	1

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## SELF SERVICE CENTER

### PETITION FOR TEMPORARY ORDERS DIVORCE, LEGAL SEPARATION, ANNULMENT WITHOUT CHILDREN

#### CHECKLIST

Use the forms and instructions in this packet **ONLY** if the following factors apply to your situation:

- ✓ You or your spouse filed a petition for divorce, legal separation or annulment, **AND**
- ✓ You and your spouse have **no children** with each other **AND** the wife **is not** pregnant by the husband or **will not be** pregnant by the husband before the divorce is over, **AND**
- ✓ You need temporary court orders about property or debt or spousal maintenance/ support while you wait for the divorce, legal separation, annulment to be final.

**READ ME:** It is very important for you to know that when you sign a court document, you may be helping or hurting your court case. Before you sign any court document, or get involved with a court case, it is important that you see a lawyer to make sure you are doing the right thing. The Self-Service Center has a list of lawyers who can give you legal advice and can help you on a task-by-task basis for a fee. If you want to know more about our list of lawyers and our list of mediators, ask the Self-Service Center staff.

Name of Person Filing Document: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
ATLAS Number (if applicable): \_\_\_\_\_  
Representing ☐ Self Without a Lawyer) OR ☐ Attorney for ☐ Petitioner OR ☐ Respondent  
Attorney Bar Number (if applicable): \_\_\_\_\_

**SUPERIOR COURT OF ARIZONA  
MARICOPA COUNTY**

\_\_\_\_\_  
Name of Petitioner

Case Number \_\_\_\_\_

**PETITION FOR TEMPORARY ORDERS**

\_\_\_\_\_  
Name of Respondent

Check all that apply:

- ☐ **FOR SPOUSAL MAINTENANCE/SUPPORT**  
☐ **FOR PROPERTY and/or DEBT**  
☐ **OTHER:** \_\_\_\_\_

**REQUIRED INFORMATION, UNDER OATH:**

- 1. INFORMATION ABOUT THE PETITION FOR DISSOLUTION or LEGAL SEPARATION or ANNULMENT.** (You cannot file a *"Petition for Temporary Orders"* unless you or your spouse have filed, or will file at the same time you file **this** paperwork, all the paperwork for a divorce or legal separation or annulment)

- A. Date Petition for Dissolution of Marriage or Legal Separation or Annulment was filed:  
B. Name of court where Petition was filed: \_\_\_\_\_  
C. Information about court hearing scheduled for that Petition (if hearing is scheduled):

- 1) DATE and TIME OF HEARING: \_\_\_\_\_  
2) NAME OF JUDICIAL OFFICER TO HEAR CASE: \_\_\_\_\_

- 2. INFORMATION ABOUT OTHER TEMPORARY ORDERS.** To the best of my knowledge, no temporary orders regarding these matters have been entered in any other court, and no court proceedings are pending for temporary orders. ☐ Check this box if this statement is true. If it is not true, do not check the box, do not file this paperwork and see a lawyer for help.

**THIS IS WHAT I WANT THE COURT TO ORDER:** Check the box in front of each item that you want. If you do **not** want the court to enter an order for that item, do **not** check the box.

- 3.** ☐ **SPOUSAL MAINTENANCE/SUPPORT:** An order requiring my spouse to pay a reasonable sum for spousal maintenance/support as determined by the *"Affidavit of Financial Information"* I am submitting with this Petition.
- 4.** ☐ **MEDICAL INSURANCE AND/OR COSTS:** An order requiring my spouse to provide medical and dental insurance for me, at **no cost** to the me, **OR** to pay all the medical and dental expenses reasonably incurred by me for myself.
- 5.** ☐ **PROPERTY:** An order granting the exclusive use and possession of the following property:

A. To me (list property)

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B. To my spouse (list property)

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6. ☐ **DEBTS:** An order requiring payment of debts, until further order of this court, as follows (attach additional pages if necessary):

A. **DEBTS TO BE PAID BY ME:**

DEBT	AMOUNT	TO WHOM OWED
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

B. **DEBTS TO BE PAID BY MY SPOUSE:**

DEBT	AMOUNT	TO WHOM OWED
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

7. ☐ **BASIS FOR REQUEST:** (Check this box if you want spousal maintenance/support, or medical insurance premiums paid or reimbursed.) This request is based on my inability to support myself or maintain this action without financial assistance from my spouse, and because my spouse refuses to voluntarily provide support.

8. ☐ **OTHER REASONS AND/OR OTHER REQUESTS:** (Please explain here in detail what else if anything you want the judge to order on a temporary basis and why you need the order)

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## REQUESTS TO THE COURT, UNDER OATH:

1. To enter a temporary order granting for what I requested.
2. For any other orders of the court that are just.

## OATH AND VERIFICATION:

STATE OF ARIZONA     )  
County of Maricopa    ) ss.

I, being duly sworn and under oath, state that I have read this Petition. All the statements in the Petition are true and correct and complete to the best of my knowledge and belief.

SIGNED: \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

by \_\_\_\_\_.

My Commission Expires:

NOTARY PUBLIC: \_\_\_\_\_

**SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY**  
**Family Court Department Notice**  
**Notice about "Returns"/Conferences in Commissioners' Courts**

Approved July 1, 1997/Revised June 9, 1998

This notice applies to **all** proceedings and must be served with the **"Order to Show Cause"** and/or **"Order to Appear"** (except in IV-D child support cases by DES/DCSE)

**GENERAL INFORMATION:** Due to an increase in demand for time on commissioner calendars, as well as the reduction in resources available, the Family Court commissioners will set EVERY **"Petition for Temporary Orders"** and other requests for evidentiary hearings for a 15 minute "return"/status conference before setting a hearing.

**REQUIREMENTS APPLICABLE TO THE RETURN:** The attached **"Order to Appear"/"Order to Show Cause"** is a return only. Here is what the parties and attorneys must know about the return/status conference:

1. **Documents:** Not later than 3 judicial days before the date of the return, the parties shall exchange current, complete, and verified **"Affidavits of Financial Information,"** along with supporting documents. Failure to do so may result in sanctions.
2. **Failure to Appear:** This is a 15 minute proceeding with the court. The court will determine if more time is needed. All parties, whether represented by attorneys or not, must be present. If there is a failure to appear, the court may make such orders as are just, including granting the relief requested by the party who does appear.
3. **Conduct of Return/Status Conference:** If both parties appear, they must be prepared to advise the court of the issues resolved, as well as the issues which remain disputed. Each party shall be prepared to state his or her position on each issue. The court may schedule discovery, disclosure and any other matter necessary to assist the litigants at the subsequent hearing. The court may also enter an Order as to scope and duration of the hearing, including witnesses and documents which may be offered at hearing.
4. **Ability to Schedule Further Proceedings:** Parties and counsel attending the return/ status conference shall have in their possession a schedule of their availability. They shall be prepared to advise the court of any periods of non-availability in the six weeks after the return date.
5. **Duty to Meet Prior to Return:** Except where a party has obtained an **"Order of Protection"** or other Order of the court prohibiting contact, the parties shall meet and confer at least 24 hours prior to the return. In cases where an attorney has been retained, the attorney shall make a reasonable effort to meet with and confer with the opponent at least 24 hours prior to the return.

**WARNING.** All litigants and counsel are cautioned that failure to notify the court of settlement in a timely manner may result in the imposition of sanctions.

# SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

## Family Court Department Notice

August 1, 1995 and revised June 9, 1997

This notice applies to **all** temporary orders proceedings and **must** be served with the ***“Order To Show Cause”*** and/or ***“Order to Appear”*** (except in IV-D child support cases by DES/DCSE)

### 1. NOTICE ABOUT TEMPORARY ORDERS:

- A. Parties Representing Themselves in Court.** Parties representing themselves will be sworn and shall state their position under oath. The judge will ask questions as necessary.
- B. Parties Represented by Attorneys.** In lieu of the above, attorneys who represent parties will state the party(ies)' position as to all contested matters by avowal.
- C. General Information.** No hearing will be allowed more than 45 minutes. If you are late for either hearing or cause any other delay, your hearing will be shortened to fit the amount of time scheduled.

### 2. NOTICE TO ALL RESPONDENTS ABOUT PAYMENT OF COURT FEES:

You can object to what the Petitioner asks for, but you will not be allowed to ask for any additional orders **unless, before the hearing**, you have paid the filing fee for a “Response” or “Appearance”, or the fee is deferred by the court. Bring written proof with you to the hearing that you paid, or were not required to pay, the court fee at this time. This means that you need a copy of the receipt, or a copy of the order deferring fees.

### 3. REQUIRED DOCUMENTS:

If either party is asking for child custody, spousal maintenance/ support (alimony), child support, or property/debt protection, each party must exchange with the other a complete ***“Affidavit of Financial Information”*** with all supporting documents. If you are asking for child support, you must also complete and exchange the ***“Parent’s Worksheet for Child Support.”*** If you want help completing the Parent’s Worksheet, you can call the Family Court Clerk Services at 602-506-3762 for an appointment. (You can get copies of these documents at the Self-Service Center at either the downtown Phoenix or Southeast (Mesa) Superior Court location.) Complete and exchange the documents at least **3** court days before the hearing or the judge might not allow you to present that part of your case. You will only be allowed to give the judge your copy of the ***“Affidavit of Financial Information”*** and up to 5 supporting documents, and the ***“Parent’s Worksheet for Child Support,”*** if you gave everything to the other party at least **3** court days before the hearing.

### 4. EXCEPTIONS:

If you want to be allowed to do something other than what is required in items 1, 2, and 3 above, you must put your request in writing as follows:

- **IF YOU ARE THE PETITIONER:** Put your request in writing **in the petition** for the ***“Order to Show Cause”*** also called ***“Order to Appear.”***
- **IF YOU ARE THE RESPONDENT:** Put your request in writing **to the judge** and provide a copy to the other party at least 5 court days before the hearing.

### 5. COURT REPORTER and/or COURT INTERPRETER:

You must request a court reporter and/or court interpreter at least **5** court days before the hearing. (Call the judge’s staff and tell him or her that you need a court reporter and/or interpreter.) **AVISO:** Todo pedido de interprete judicial se hará con por lo menos un día hábil de antelación.

### 6. REASONABLE ACCOMMODATION:

You must make a request for reasonable accommodation under the Americans with Disabilities Act at least **3** court days before the hearing.

### 7. JUDGE OR COMMISSIONER:

Commissioners generally hear cases about temporary orders. All references to “judge” in this notice applies to commissioners.



Your Name: \_\_\_\_\_  
Your Address: \_\_\_\_\_  
Your City, State, Zip Code: \_\_\_\_\_  
Your Telephone Number: \_\_\_\_\_  
ATLAS Number (if applicable): \_\_\_\_\_  
State Bar Number (if applicable): \_\_\_\_\_  
Representing ☐ Self (Without a Lawyer) or ☐ Petitioner or ☐ Respondent

**SUPERIOR COURT OF ARIZONA  
MARICOPA COUNTY**

\_\_\_\_\_  
Name of Petitioner Case No. \_\_\_\_\_

**AFFIDAVIT OF FINANCIAL INFORMATION**

AND

Affidavit of \_\_\_\_\_  
(Name of Person Filling Out Affidavit)

\_\_\_\_\_  
Name of Respondent

**IMPORTANT INFORMATION ABOUT THIS DOCUMENT**

- 1. WARNING TO BOTH PARTIES:** This Affidavit is an important document. You must fill out this Affidavit completely, and provide accurate information. You must provide copies of this Affidavit and all other required documents to the other party, and to the judge. If you do not do this, the court may order you to pay a fine.
- 2. SIGN THIS DOCUMENT IN FRONT OF A NOTARY PUBLIC:** After you fill in all the information you are asked to fill in this document, go to a Notary Public or to the Clerk of Court and sign the Affidavit in the space below. Do not sign this document until you are in front of the Notary Public or Clerk of Court. You will need picture identification when you sign.

State of Arizona )  
County of Maricopa )ss.

I have read the following document and know of my own knowledge that the facts and financial information stated below are true and correct, and that any false information may constitute perjury by me. I also understand that if I fail to provide the required information or give misinformation, the judge might order sanctions against me, including assessment of fees for fines under Rule 11 of the Arizona Rules of Civil Procedure.

\_\_\_\_\_  
Signature of Person Making Affidavit

Sworn to before me on (date)\_\_\_\_\_, by \_\_\_\_\_

My Commission Expires: \_\_\_\_\_  
Notary Public

## INSTRUCTIONS

1. **TO BOTH PARTIES:** Complete the entire Affidavit. If the spaces provided on this form are inadequate, use separate sheets of paper to complete the answers and attach them to the Affidavit. Answer every question completely! You must complete every blank. If you do not know the answer to a question or are guessing, please state that. If a question does not apply, write "NA" for "not applicable" to indicate you read the question. Round all amounts of money to the nearest dollar.
  
2. **TO BOTH PARTIES:** Answer the following statements **YES** or **NO**. If you mark **NO**, explain your answer on a separate piece of paper and file the explanation with the Affidavit.
 

YES ☐ NO ☐ 1. I listed all sources of my income.  
 YES ☐ NO ☐ 2. I have sent copies of my two (2) most recent pay stubs to the other party, and will bring them to court for our hearing. **(Do NOT file your pay stubs with the Clerk's office!)**  
  
 YES ☐ NO ☐ 3. I have sent copies of my federal income tax return for the last three (3) years, and my W-2 and 1099 forms from all sources of income to the other party, and will bring them to court for our hearing. I listed my tax form numbers. **(Do NOT file your tax returns, W-2 forms or 1099 forms with the Clerk's office!)**  
  
 YES ☐ NO ☐ 4. I completed Section 9 because I am self-employed or I am employed by, or through a corporation, partnership, joint venture, or sole proprietorship.  
 YES ☐ NO ☐ 5. I have sent copies of all partnership and/or corporate tax returns to the other party, and will bring them to court for our hearing. **(Do NOT file your partnership and/or corporate tax returns with the Clerk's office!)**
  
3. **TO THE PERSON WHO IS FILING THE COURT PETITION:** Start with two (2) blank copies of this Affidavit. Complete one (1) copy of the Affidavit. File the original of your completed Affidavit with the Clerk of Court when you file your court Petition. Do NOT file any of the documents listed in Number 2 above with the Clerk. Serve on the other party a **copy** of your **completed** Affidavit with the documents listed in Number 2 above AND a **blank copy** of the Affidavit for him/ her to complete. Also give a copy of your completed Affidavit to the judge who is hearing the case. Be prepared to
  
4. **TO THE OTHER PARTY:** Complete the blank copy of this Affidavit. File the original with the Clerk of Court, and mail or hand-deliver a **copy** of the completed Affidavit to the judge who is hearing the case **and** to the party who filed the petition in court. When you send the completed Affidavit to the other party, also send any documents listed in Number 2 above.

## PLEASE PROVIDE THE FOLLOWING INFORMATION:

### 1. GENERAL INFORMATION:

- A. Name: \_\_\_\_\_
- B. Current Address: \_\_\_\_\_
- C. Social Security Number: \_\_\_\_\_
- D. Date of Birth: \_\_\_\_\_
- E. Other Party's Social Security Number: \_\_\_\_\_
- F. Other Party's Date of Birth: \_\_\_\_\_
- G. Date of Marriage: \_\_\_\_\_
- H. Full names of child(ren) common to the parties, their dates of birth and Social Security Number(s):

Name	Date of Birth	Social Security Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

1. The name, date of birth, relationship to you and gross monthly income for each individual who lives in your household:

Name	Date of Birth	Relationship	Income
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List name(s) of any other person(s) for whom you contribute support:

Name	Age	Relationship to you	Where person lives
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## 2. EMPLOYMENT INFORMATION ABOUT YOU

- A. Your job/occupation/profession: \_\_\_\_\_
- B. Title: \_\_\_\_\_  
Name and address of current employer: \_\_\_\_\_  
Type of Business: \_\_\_\_\_  
Date employment began: \_\_\_\_\_  
Pay dates: \_\_\_\_\_  
Weekly \_\_\_\_\_ Every-other week \_\_\_\_\_ Monthly \_\_\_\_\_ Twice a month \_\_\_\_\_ Other \_\_\_\_\_
- C. If you are not working, why not? \_\_\_\_\_
- D. Previous employer name and address: \_\_\_\_\_  
Previous job/occupation/profession: \_\_\_\_\_  
Title: \_\_\_\_\_  
Date previous job began: \_\_\_\_\_  
Date previous job ended: \_\_\_\_\_  
Gross monthly pay at previous job: \_\_\_\_\_
- E. Total gross income from last three (3) years' tax returns (attach copies of page 1 and 2 of your federal income tax returns for the last three (3) years):  
Year \_\_\_\_\_ \$ \_\_\_\_\_ Year \_\_\_\_\_ \$ \_\_\_\_\_ Year \_\_\_\_\_ \$ \_\_\_\_\_
- F. Your total gross income from January 1 of this year to the date of this Affidavit (year-to-date income): \$ \_\_\_\_\_

## 3. YOUR EDUCATION/TRAINING: List name of school, length of time there, year of last attendance, and degree earned:

- A. High School: \_\_\_\_\_
- B. College: \_\_\_\_\_
- C. Post-Graduate: \_\_\_\_\_
- D. Occupational Training: \_\_\_\_\_

**4. ATTORNEY'S FEES:** Attorneys' fees you paid, or are paying or are obligated to pay, in this case:

- A. Amount paid to date: \$ \_\_\_\_\_  
 B. Source of payment: \_\_\_\_\_  
 C. Amount owed (attach copy of retainer agreement or bill) \$ \_\_\_\_\_

**5. GIFTS YOU HAVE GIVEN OR RECEIVED:** List any gift(s) or transfer(s) of money or property, having a value exceeding \$500.00, to or from any person(s), other than your spouse, during the past six (6) months. List the person(s) and the value of the gift(s) or transfer(s). Use additional paper if necessary, and use the following format:

To whom given or from whom received	What given	What received	Value of gift	When given or received
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____

**6. ASSETS:**

- A. Cash (including uncashed checks) \$ \_\_\_\_\_  
 B. Traveler's checks \$ \_\_\_\_\_  
 C. Cash in financial institutions/banks \$ \_\_\_\_\_  
 D. Stocks, bonds, securities \$ \_\_\_\_\_  
 E. Insurance policy cash surrender value \$ \_\_\_\_\_  
 F. Severance pay \$ \_\_\_\_\_  
 G. Accumulated/unused vacation pay \$ \_\_\_\_\_  
 H. Lottery winnings \$ \_\_\_\_\_  
 I. Funds owed to you by others  
     (including accounts receivables) \$ \_\_\_\_\_  
 J. Funds held for you by others  
     (including inheritance(s) or trust(s)) \$ \_\_\_\_\_  
 K. Unpaid bonus \$ \_\_\_\_\_  
 L. Other \$ \_\_\_\_\_  
**TOTAL:** \$ \_\_\_\_\_

**7. YOUR GROSS MONTHLY INCOME:** List **all** income you receive from **any** source, whether private or governmental, taxable or not, including, but not limited to, the following. Mark each space with the correct amount or with "0" if none. List all income payable to you individually or payable jointly to you and your spouse. Multiply weekly income and deductions by 4.3. Multiply biweekly income by 2.15 to arrive at the total amount for the month.

- A. Gross salary/wages \$ \_\_\_\_\_  
     (attach copies of your two most recent pay stubs)  
 B. Expenses paid for by your employer:  
     1. Automobile \$ \_\_\_\_\_  
     2. Auto expenses, such as gas, repairs, insurance \$ \_\_\_\_\_  
     3. Lodging \$ \_\_\_\_\_  
     4. Other (Explain) \_\_\_\_\_ \$ \_\_\_\_\_  
 C. Commissions \$ \_\_\_\_\_  
 D. Tips \$ \_\_\_\_\_  
 E. Bonuses \$ \_\_\_\_\_  
 F. Dividends \$ \_\_\_\_\_  
 G. Pension \$ \_\_\_\_\_  
 H. Interest \$ \_\_\_\_\_  
 I. Trust income \$ \_\_\_\_\_

J.	Annuities	\$ _____
K.	Social Security benefits	\$ _____
L.	Worker's compensation	\$ _____
M.	Unemployment compensation	\$ _____
N.	Disability income	\$ _____
O.	Gifts	\$ _____
P.	Prizes	\$ _____
Q.	Payments from prior spouse	\$ _____
R.	Rental income (net after expenses)	\$ _____
S.	Royalties	\$ _____
T.	Other self-employment income	\$ _____
U.	Contributions to household living expense by others	\$ _____
V.	Other (Explain:)	\$ _____
	<b>TOTAL:</b>	\$ _____

## 8. MANDATORY MONTHLY DEDUCTIONS FROM YOUR INCOME:

A.	Federal taxes and number of exemptions you claim: _____	\$ _____
B.	State tax	\$ _____
C.	Social Security/Medicare	\$ _____
D.	Mandatory retirement deduction	\$ _____
	Explain: _____	
E.	Other: (Explain) _____	\$ _____
	<b>TOTAL</b> (monthly deductions):	\$ _____

### TOTAL NET MONTHLY INCOME

(total gross income minus total mandatory deductions) \$ \_\_\_\_\_

## 9. SELF-EMPLOYMENT INCOME (if applicable): Answer these questions if you earn, or receive, any other income or other compensation, whether or not you receive the income in cash or by check. Sources of such income might include any business entity in which you have an equitable or beneficial interest, including a closely held corporation, professional corporation, partnership, joint venture, proprietorship, or any other form of self-employment.

A.	Name of business:	_____
B.	Type of business entity:	_____
C.	State and date of incorporation:	_____
D.	Principal business address:	_____
E.	Business telephone:	_____
F.	Nature of your interest:	_____
	Percent ownership:	_____ %
	Number of shares of stock:	_____
	Total issued and outstanding shares:	_____
G.	Nature of business:	_____
H.	Gross sales/revenue last 12 months:	_____
I.	Necessary and ordinary business expenses for the last 12 months:	_____
J.	Your annual salary/compensations:	_____
K.	Your dividends or other profit distribution in last 12 months:	_____
L.	Annual bonus if not included above:	_____
M.	Annual value of perquisites ("perks"):	_____
	Specify perquisites: ("perks")	_____

1. Do you use a company car for personal business?  
Yes ☐ No ☐ Monthly value: \$ \_\_\_\_\_
2. Does company pay your gas/oil/maintenance charges?  
Yes ☐ No ☐ Monthly value: \$ \_\_\_\_\_
3. Does the company pay your dues to any club or social organization?  
Yes ☐ No ☐ Value: \$ \_\_\_\_\_
4. Does the company own a home, residence, townhouse, or condominium that is, or may be, available for your use?  
Yes ☐ No ☐
5. Did your company have net earnings in the last fiscal year that were not distributed to owners or shareholders of the business?  
Yes ☐ No ☐ If so what was the total? \$ \_\_\_\_\_
6. Monthly premium for life insurance paid by business for your benefit: \$ \_\_\_\_\_
7. Annual travel expense (including lodging, travel, meals, etc.) for business promotion education, professional development, etc.: \$ \_\_\_\_\_

## INSTRUCTIONS

Both parties must answer item 10 if either party asks for child support. The phrase "children who are common" means one party is the birth/adoptive mother and the other is the birth/adoptive father of the child(ren). The phrase "children who are not common" means one party is the birth/adoptive parent of the child(ren) but the other is not the birth/adoptive parent.

### 10. EXPENSES RELATED TO CHILD(REN): All figures are to be given per month unless otherwise stated.

#### A. HEALTH INSURANCE:

1. Premium cost to insure child(ren) common to the parties: \$ \_\_\_\_\_
2. Cost to insure others, or child(ren) not common to the parties: \$ \_\_\_\_\_
3. List all people covered by your dependent coverage:  
\_\_\_\_\_  
\_\_\_\_\_
4. Name of insurance company:  
\_\_\_\_\_  
\_\_\_\_\_

#### B. DENTAL INSURANCE:

1. Premium cost to insure child(ren) common to the parties: \$ \_\_\_\_\_
2. Cost to insure others, or child(ren) not common to the parties: \$ \_\_\_\_\_
3. List all people covered by your dependent coverage:  
\_\_\_\_\_  
\_\_\_\_\_
4. Name of insurance company:  
\_\_\_\_\_  
\_\_\_\_\_

#### C. UN-REIMBURSED MEDICAL AND DENTAL EXPENSES FOR CHILD(REN):

Cost to you after, or in addition to, any insurance reimbursement:

1. Doctor \$ \_\_\_\_\_
  2. Dentist \$ \_\_\_\_\_
  3. Drugs and medical supplies \$ \_\_\_\_\_
  4. Deductible, if any \$ \_\_\_\_\_
- TOTAL:** \$ \_\_\_\_\_

**D. CHILD CARE COSTS:**

\$ \_\_\_\_\_

1. Name(s) of child(ren), common to both parties, who are cared for:

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2. Name(s) and address(es) of child care provider(s):

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**E. EMPLOYER PROGRAM FOR PRETAX PAYMENT OF MEDICAL OR CHILD CARE EXPENSES:**

1. Do you participate in an employer pretax payment program? YES ☐ NO ☐

If yes, please answer the following questions:

2. For what reason: ☐ medical care only OR ☐ child care only OR ☐ both

3. What is the amount you authorize to be deducted per year? \$ \_\_\_\_\_

4. Name of the program: \_\_\_\_\_

**F. COURT ORDERED CHILD SUPPORT:**

1. Court ordered child support for child(ren) common to the parties for whom you pay court-ordered support and for whom your payments are current:

\$ \_\_\_\_\_

2. Name(s) of child(ren) that you support or who live with you, but are **not** common to the parties:

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**G. EXTRAORDINARY EXPENSES FOR CHILD(REN):**

1. Educational Expense \$ \_\_\_\_\_

Explain: \_\_\_\_\_

2. Special Needs \$ \_\_\_\_\_

Explain: \_\_\_\_\_

3. Other: \$ \_\_\_\_\_

Explain: \_\_\_\_\_

**H. EXTRACURRICULAR EXPENSES FOR CHILD(REN): \$ \_\_\_\_\_**

Explain: \_\_\_\_\_  
\_\_\_\_\_

**INSTRUCTIONS**

Both parties must answer items 11 and 12 if either party has requested:

1. Spousal maintenance/support, OR
2. A division of income, OR
3. Any adjustment or deviation from child support guidelines.

The phrase "children who are common" means one party is the birth/adoptive mother and the other is birth/adoptive father of the child(ren). The phrase "children who are not common" means one party is the birth/adoptive parent, but the other party is not the birth/adoptive parent.

**11. SCHEDULE OF ALL MONTHLY EXPENSES: DO NOT LIST** any expenses for the party, or child(ren) who live with the other party, **unless** you are paying those expenses. Use a monthly average for items that vary from month to month. If you are listing anticipated expenses, indicate this by putting an asterisk (\*) next to the estimated amount.

**A. HOUSING EXPENSES:**

- |    |   |          |
|----|---|----------|
| 1. | House payment: First Mortgage                   | \$ _____ |
|    | Second Mortgage                                 | \$ _____ |
|    | Homeowners Association Fee                      | \$ _____ |
|    | Rent  | \$ _____ |
|    | <b>SUBTOTAL</b>                                 | \$ _____ |
| 2. | Repair & upkeep                                 | \$ _____ |
| 3. | Housekeeper                                     | \$ _____ |
| 4. | Yard work                                       | \$ _____ |
| 5. | Pool  | \$ _____ |
| 6. | Exterminator (Bug Person)                       | \$ _____ |
| 7. | Insurance & taxes not included in house payment | \$ _____ |
| 8. | Other (Explain) _____                           | \$ _____ |
|    | <b>TOTAL:</b>                                   | \$ _____ |

**B. UTILITIES:**

- |    |                        |          |
|----|------------------------|----------|
| 1. | Water and sewer        | \$ _____ |
| 2. | Electricity            | \$ _____ |
| 3. | Gas                    | \$ _____ |
| 4. | Telephone              | \$ _____ |
| 5. | Cable television       | \$ _____ |
| 6. | Garbage                | \$ _____ |
| 7. | Other (Explain:) _____ | \$ _____ |
|    | <b>TOTAL:</b>          | \$ _____ |

**C. FOOD:**

- |    |                                    |          |
|----|------------------------------------|----------|
| 1. | Food, milk and household supplies: | \$ _____ |
| 2. | School lunches:                    | \$ _____ |
| 3. | Meals outside home:                | \$ _____ |
|    | <b>TOTAL:</b>                      | \$ _____ |

**D. CLOTHING:**

- |    |  |          |
|----|--|----------|
| 1. | Clothing for you:                      | \$ _____ |
| 2. | Uniforms or special work clothes:      | \$ _____ |
| 3. | Clothing for children living with you: | \$ _____ |
| 4. | Laundry and cleaning:                  | \$ _____ |
|    | <b>TOTAL:</b>                          | \$ _____ |

**E. HEALTH INSURANCE:**

- |    |                                  |          |
|----|----------------------------------|----------|
| 1. | Total cost of premium:           | \$ _____ |
| 2. | Premium cost to insure yourself: | \$ _____ |

**Answer the following ONLY if you did NOT answer Item 10, part A:**

- |    |   |          |
|----|---|----------|
| 3. | Premium cost to insure child(ren) common to the parties | \$ _____ |
|----|---|----------|



4. Cost to insure others/child(ren) not common to the parties \$ \_\_\_\_\_

5. List all people covered by your dependent coverage:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Name of Insurance company:

\_\_\_\_\_

**F. DENTAL INSURANCE:**

1. Total cost of premium: \$ \_\_\_\_\_

2. Premium cost to insure yourself: \$ \_\_\_\_\_

**Answer the following only if you did not answer Item 10, part B:**

3. Premium cost to insure child(ren) common to the parties: \$ \_\_\_\_\_

4. Cost to insure others/child(ren) not common to the parties: \$ \_\_\_\_\_

5. List all people covered by your dependent coverage:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Name of Insurance company:

\_\_\_\_\_

**G. UNREIMBURSED MEDICAL AND DENTAL EXPENSES FOR YOURSELF:**

(Cost to you after, or in addition to, any insurance reimbursement)

1. Doctor \$ \_\_\_\_\_

2. Dentist \$ \_\_\_\_\_

3. Drugs and medical supplies \$ \_\_\_\_\_

4. Deductible, if any \$ \_\_\_\_\_

**TOTAL:** \$ \_\_\_\_\_

**H. CHILD CARE COSTS:**

1. Child care costs: \$ \_\_\_\_\_

2. Name(s) of child(ren) cared for:

\_\_\_\_\_

3. Name(s) and address(es) of child care provider(s):

\_\_\_\_\_  
\_\_\_\_\_

**I. COURT ORDERED SPOUSAL MAINTENANCE/SUPPORT (Alimony):**

1. Court ordered spousal maintenance/support you actually pay to previous spouse: \$ \_\_\_\_\_

**J. COURT ORDERED CHILD SUPPORT**

1. Court ordered child support for child(ren) common to both parties and for whom you actually make payments and for whom your payments are current. \$ \_\_\_\_\_

2. Name(s) of child(ren) you support, or who lives with you, but are not common to both parties:

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---

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**K. EXTRAORDINARY EXPENSES FOR YOURSELF:**

Explain: \_\_\_\_\_ \$ \_\_\_\_\_

**L. TRANSPORTATION OR AUTOMOBILE EXPENSES:**

1. Car insurance \$ \_\_\_\_\_  
2. List all cars and individuals covered:

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3. Car payment, if any \$ \_\_\_\_\_  
4. Car repair and maintenance \$ \_\_\_\_\_  
5. Gas and oil \$ \_\_\_\_\_  
6. Bus fare/parking fees \$ \_\_\_\_\_  
7. Other (explain): \_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL:**

\$ \_\_\_\_\_

**M. MISCELLANEOUS:**

1. School and school supplies \$ \_\_\_\_\_  
2. School activities or fees \$ \_\_\_\_\_  
3. Extracurricular activity(ies) of child(ren) \$ \_\_\_\_\_  
4. Church/contributions \$ \_\_\_\_\_  
5. Newspapers, magazines and books \$ \_\_\_\_\_  
6. Barber and beauty shop \$ \_\_\_\_\_  
    Child(ren) \$ \_\_\_\_\_  
    Self \$ \_\_\_\_\_  
    Pets \$ \_\_\_\_\_  
7. Life insurance (beneficiary: \_\_\_\_\_) \$ \_\_\_\_\_  
8. Disability insurance \$ \_\_\_\_\_  
9. Recreation/entertainment \$ \_\_\_\_\_  
10. Child(ren)'s allowance(s) \$ \_\_\_\_\_  
11. Union/Professional dues \$ \_\_\_\_\_  
12. Voluntary retirement contributions and savings deductions \$ \_\_\_\_\_  
13. Family gifts \$ \_\_\_\_\_  
14. Pretax deductions for day care, med., etc. \$ \_\_\_\_\_  
15. Other (explain): \_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL:**

\$ \_\_\_\_\_

- 12. OUTSTANDING DEBTS AND ACCOUNTS:** List all debts and installment payments you currently owe, but do not include items listed in Item 11 "Monthly Schedule of Expenses". If you do not know whether your spouse pays the debt, list the item in your schedule. Follow the format below. Use additional paper if necessary:

Name of Creditor: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Item Purchased: \_\_\_\_\_  
Unpaid Balance: \_\_\_\_\_  
Minimum Monthly Payment: \_\_\_\_\_

Date of Last Payment: \_\_\_\_\_  
Last Payment Made & by Whom: \_\_\_\_\_

Name of Creditor: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Item Purchased: \_\_\_\_\_  
Unpaid Balance: \_\_\_\_\_  
Minimum Monthly Payment: \_\_\_\_\_  
Date of Last Payment: \_\_\_\_\_  
Last Payment Made & by Whom: \_\_\_\_\_

Name of Creditor: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Item Purchased: \_\_\_\_\_  
Unpaid Balance: \_\_\_\_\_  
Minimum Monthly Payment: \_\_\_\_\_  
Date of Last Payment: \_\_\_\_\_  
Last Payment Made & by Whom: \_\_\_\_\_

Name of Creditor: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Item Purchased: \_\_\_\_\_  
Unpaid Balance: \_\_\_\_\_  
Minimum Monthly Payment: \_\_\_\_\_  
Date of Last Payment: \_\_\_\_\_  
Last Payment Made & by Whom: \_\_\_\_\_

Name of Creditor: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Item Purchased: \_\_\_\_\_  
Unpaid Balance: \_\_\_\_\_  
Minimum Monthly Payment: \_\_\_\_\_  
Date of Last Payment: \_\_\_\_\_  
Last Payment Made & by Whom: \_\_\_\_\_

Name of Creditor: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Item Purchased: \_\_\_\_\_  
Unpaid Balance: \_\_\_\_\_  
Minimum Monthly Payment: \_\_\_\_\_  
Date of Last Payment: \_\_\_\_\_  
Last Payment Made & by Whom: \_\_\_\_\_

Name of Creditor: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Item Purchased: \_\_\_\_\_  
Unpaid Balance: \_\_\_\_\_  
Minimum Monthly Payment: \_\_\_\_\_  
Date of Last Payment: \_\_\_\_\_  
Last Payment Made & by Whom: \_\_\_\_\_

Name of Creditor: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Item Purchased: \_\_\_\_\_  
Unpaid Balance: \_\_\_\_\_  
Minimum Monthly Payment: \_\_\_\_\_

Date of Last Payment: \_\_\_\_\_  
Last Payment Made & by Whom: \_\_\_\_\_  
  
Name of Creditor: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Item Purchased: \_\_\_\_\_  
Unpaid Balance: \_\_\_\_\_  
Minimum Monthly Payment: \_\_\_\_\_  
Date of Last Payment: \_\_\_\_\_  
Last Payment Made & by Whom: \_\_\_\_\_

Name of Person Filing Document: \_\_\_\_\_  
Your Address: \_\_\_\_\_  
Your Telephone Number: \_\_\_\_\_  
ATLAS Number (if applicable): \_\_\_\_\_  
Attorney Bar Number (if applicable): \_\_\_\_\_  
Representing ☐ Self (Without Attorney) OR Attorney for ☐ Petitioner OR ☐ Respondent

**SUPERIOR COURT OF ARIZONA  
MARICOPA COUNTY**

\_\_\_\_\_  
Name of Petitioner,  
  
and  
  
\_\_\_\_\_  
Name of Respondent.

Case Number: \_\_\_\_\_

**ORDER TO APPEAR  
FOR PETITION FOR  
TEMPORARY ORDERS**

**READ ME: This is an important Court Order that affects your rights. Read this Order carefully.  
If you do not understand this Order, contact a lawyer for help.**

Based on the "*Petition for Temporary Orders*," the documents filed with it, and pursuant to Arizona Law,

**IT IS ORDERED THAT YOU** \_\_\_\_\_ appear at the  
time and place stated below so the court can determine whether the relief asked for in the "*Petition for  
Temporary Orders*" should be granted.

**INFORMATION ABOUT COURT HEARING TO BE HELD:**

NAME OF JUDICIAL OFFICER: \_\_\_\_\_  
DATE AND TIME OF HEARING: \_\_\_\_\_  
PLACE OF HEARING: \_\_\_\_\_

**IT IS FURTHER ORDERED** that a copy of this "*Order to Appear*" and a copy of the Petition and  
documents filed with the Petition shall be served by the party initiating the action, on the parties who are  
required to appear and a copy of these documents shall be mailed immediately to parties who have appeared  
in this action, in accordance with Arizona Rules of Civil Procedure, Rule 5.

Requests for reasonable accommodation for persons with disabilities must be made to the office of the judge  
or Commissioner scheduled to hear this case five days before your scheduled court date.

DONE IN OPEN COURT: \_\_\_\_\_  
Judge/Commissioner of the Superior Court

**READ ME.** This is a 15 minute proceeding with the court. The court will determine if more time is needed.  
**All parties, whether represented by attorneys or not, must be present.** If there is a failure to appear, the  
court may make such orders as are just, including granting the relief requested by the party who does appear.

Name of Person Filing Document: \_\_\_\_\_  
Your Address: \_\_\_\_\_  
Your City, State, Zip Code: \_\_\_\_\_  
Your Telephone Number: \_\_\_\_\_  
ATLAS Number (if applicable): \_\_\_\_\_  
Attorney Bar Number (if applicable): \_\_\_\_\_  
Representing ☐ Self or ☐ Attorney for ☐ Petitioner OR ☐ Respondent

**SUPERIOR COURT OF ARIZONA  
MARICOPA COUNTY**

\_\_\_\_\_  
Name of Petitioner

Case Number \_\_\_\_\_

\_\_\_\_\_  
Name of Respondent

**TEMPORARY ORDER REGARDING**

☐ Spousal Maintenance/Support

☐ Property and/or debt

☐ Other: \_\_\_\_\_

**NOTICE:** This is an important Court Order that affects your rights. Read this Order carefully. If you do NOT understand this Order, contact an attorney for help.

**THE COURT FINDS:**

1. A sworn "**Petition for Temporary Orders**" was filed with the court. The court read the Petition, scheduled a hearing, took testimony as appropriate, considered all relevant matters, and issues a Temporary Order.
2. This court has jurisdiction to enter temporary orders regarding property, debt, and/or spousal maintenance/ support, and has jurisdiction over the parties under the law. Where it has the legal power to do so and where it is applicable to the facts of this case, this court has considered, approved, and made Orders relating to property, debts, and/or spousal maintenance/support.
3. ☐ **(Applicable only if spousal maintenance/support and/or medical insurance premiums are ordered to be paid or reimbursed)** This order is based on the inability of the party who shall receive payments to support him/herself or maintain this action without financial assistance from the party ordered to pay.

**THE COURT ORDERS:**

- A. ☐ **MEDICAL AND DENTAL INSURANCE, PAYMENTS AND EXPENSES.**  
☐ Wife or ☐ Husband is ordered to provide medical and dental insurance for the other spouse. All uninsured medical and dental expenses shall be paid as follows: \_\_\_\_\_ % by Wife, and \_\_\_\_\_ % by Husband.
- B. ☐ **SPOUSAL MAINTENANCE/SUPPORT** shall be paid by ☐ Wife or ☐ Husband to the other spouse in the amount of \$ \_\_\_\_\_, due on or before the \_\_\_\_\_ day of every month until further order of this court.

C. ☐ **PETITIONER SHALL BE GRANTED THE EXCLUSIVE USE AND POSSESSION OF THE FOLLOWING PROPERTY:**  
☐ Residence located at: \_\_\_\_\_  
☐ Car described as: \_\_\_\_\_  
☐ Other: \_\_\_\_\_

D. ☐ **RESPONDENT SHALL BE GRANTED THE EXCLUSIVE USE AND POSSESSION OF THE FOLLOWING PROPERTY:**  
☐ Residence located at: \_\_\_\_\_  
☐ Car described as: \_\_\_\_\_  
☐ Other: \_\_\_\_\_

E. ☐ **THE FOLLOWING DEBT(S)** shall be paid by **Petitioner**.

DEBT	AMOUNT	TO WHOM OWED
_____	_____	_____
_____	_____	_____
_____	_____	_____

F. ☐ **THE FOLLOWING DEBT(S)** shall be paid by **Respondent**.

DEBT	AMOUNT	TO WHOM OWED
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

G. ☐ **OTHER ORDERS:** \_\_\_\_\_  
\_\_\_\_\_

H. **LENGTH OF THIS ORDER:** This order shall continue (check one box)

☐ Until further order of this court, **OR**  
☐ Until (date): \_\_\_\_\_

DONE IN OPEN COURT: \_\_\_\_\_.

\_\_\_\_\_  
JUDGE/COMMISSIONER OF THE SUPERIOR COURT

Case No. \_\_\_\_\_

ATLAS No. \_\_\_\_\_

## JUDGMENT DATA SHEET (FOR INTERNAL USE ONLY\*)

**ATTENTION: COURT DIVISION AND STAFF. DO NOT FILE THIS DOCUMENT. DO NOT DISTRIBUTE THE COMPLETED JUDGMENT DATA SHEET TO THE PARTIES. THIS FORM IS FOR CLERK OF COURT INTERNAL USE ONLY.**

### PERSON TO RECEIVE PAYMENTS:

Name: \_\_\_\_\_

Gender: ☐ Male ☐ Female Date of Birth: \_\_\_\_\_

SSN: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Evening Phone: \_\_\_\_\_

Other (cell, pager): \_\_\_\_\_

Email Address: \_\_\_\_\_

### PERSON TO MAKE PAYMENTS:

Name: \_\_\_\_\_

Gender: ☐ Male ☐ Female Date of Birth: \_\_\_\_\_

SSN: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Evening Phone: \_\_\_\_\_

Other (cell, pager): \_\_\_\_\_

Email Address: \_\_\_\_\_

**EMPLOYER INFORMATION FOR PERSON MAKING PAYMENTS:** Firm Name: \_\_\_\_\_

Payroll Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

### CHILDREN:

Name	Gender (M/F)	Date of Birth	Social Security No. (if available)
------	--------------	---------------	------------------------------------

_____	_____	_____	_____
-------	-------	-------	-------

_____	_____	_____	_____
-------	-------	-------	-------

_____	_____	_____	_____
-------	-------	-------	-------

_____	_____	_____	_____
-------	-------	-------	-------

_____	_____	_____	_____
-------	-------	-------	-------

☐ Additional children listed on attached sheet.

### FOR COURT USE ONLY

Order Date: _____	Type of Order: _____			
Current Child Support	Arrearages	Current Spousal Maint.	Arrearages	Miscellaneous
Amount _____	Amount _____	Amount _____	Amount _____	Med Ins _____
Frequency _____	Frequency _____	Frequency _____	Frequency _____	Frequency _____
Due Date _____	Total _____	Total _____	Total _____	Med Bills _____
	Thru Date _____	Due Date _____	Thru Date _____	Frequency _____
	Due Date _____		Due Date _____	Due Date _____